

www.mass.gov/abcc

LICENSE NUMBER: 070000007	C	ITY OR TOWN	MIDDLEB	OROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
C	CLASS			YEAR
LICENSEE NAME: MIDDLEBOROUGH LODG	SE 1274 OF			
DOING BUSINESS A BPOE OF USA BLDG. AS	SN.			
ADDRESS 24 HIGH ST.				
CITY/TOWN: MIDDLEBOROUGH STAT	TE: MA	ZIP CODE:	02346	
MANAGER: LEFEBVRE, TYPE OF LIC CLIFFORD M.	CENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAI	L ADDRESS		_
DESCRIPTION OF LICENSED PREMISES:				
STUCCO AND BRICK BLDG WITH 4 BARS. ON SERVICE BAR IN THE FUNCTION ROOM, ON LOUNGE; ALSO TO INCLUDE YARD AND REA	E BAR IN CA	RD ROOM AND	ONE BAR	the second secon
I hereby certify and swear under penalties of perjury	y that:			
1. the renewed license will be of the same t	ype for the sa	me premises now	licensed;	
2. the licensee has complied with all laws of		_	taxes; and	
3. the premises are now open for business (If not explain	below)		
SIGNED BY		0.07		
Individual, Partner or Author	nzed Corpora	te Officer		
DATE: TELEBRIONE NUMBER	F.D.	EMDI OVED	IDENTIFICAT	ION NUMBER:
TELEPHONE NUMB	EK:	(Note: NOT Ind		
				-
We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector ar named license and (2) the certificate of liquor lia of 2010.	nd the head o	f the fire departr	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(п авириотов схрини)				
				_
DATE:				



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LICENSE NUMBER: 070000008	CITY OR TOWN MIDDLEBOROUGH
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: MIDDLEBORO RESTAURANTS, IN DOING BUSINESS A ADDRESS RTES 18 & 44	NC.
CITY/TOWN: MIDDLEBOROUGH STATE: MA	ZIP CODE: 02346
MANAGER: GREENE, TRACY TYPE OF LICENSE: R	Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
TWO DINING ROOMS, COCKTAIL LOUNGE, MEETING WITH FRONT AND REAR ENTRANCES	G ROOM, KITCHEN ON FIRST FLOOR
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	ne same premises now licensed;
2. the licensee has complied with all laws of the Cor3. the premises are now open for business (If not exp	_
SIGNED BY Individual, Partner or Authorized Cor	porate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) that Acts of 2004, signed by the building inspector and the hean named license and (2) the certificate of liquor liability instead of 2010.	ad of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED:	LOCAL LICENSING AUTHORITY By:
(If disapproved explain)	
DATE:	



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LICENSE NUMBER: 070000009		CITY OR TOWN	MIDDLEBOROUGH
APPLICATION FOR RENEWAL: Annual LICENSI		SED FOR 2013	
	CLASS		YEAR
LICENSEE NAME: JOHN J. GLASS . DOING BUSINESS A	JR. POST 2188, VFV	V	
ADDRESS 30 STATION ST.			
CITY/TOWN: MIDDLEBOROUGH	STATE: MA	ZIP CODE:	02346
MANAGER: CARD JR., ROGER TY L.	PE OF LICENSE: Ve	eterans club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMI			
WOOD FRAME BLDG,ONE STORY, CLOSET. BASEMENT; ONE ROOM,E KITCHEN STORAGE ROOM AND W.	SAR AND LOUNGE,		
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	f the same type for the	e same premises now	licensed;
2. the licensee has complied wit		_	taxes; and
3. the premises are now open fo	r business (If not exp	ain below)	
SIGNED BY			
	er or Authorized Corp	orate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Ind	ividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the hea	d of the fire departi	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	·
DATE:			



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LICENSE NUMBER: 07000	00010		CITY OR TOWN	MIDDLEB	OROUGH
APPLICATION FOR RENE	EWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: DES I	•				
ADDRESS 9 STATION ST	REET				
CITY/TOWN: MIDDLEBO	OROUGH STA	ATE: MA	ZIP CODE:	02346	
MANAGER: DES ROSIE DAMON	RS, TYPE OF L	LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	LSO VISIT OUR WEBSITE AN	D ENTER YOUR EM	IAIL ADDRESS		•
DESCRIPTION OF LICENS					
3 STORY BRICK BLDG IN DOOR LEADING TO SEC FACILITIES					
I hereby certify and swear un	nder penalties of perj	ury that:			
1. the renewed licer	ise will be of the same	e type for the	same premises now	licensed;	
	complied with all laws		_	taxes; and	
3. the premises are	now open for busines	s (If not expla	in below)		
SIGNED BY	idual Dominan on Austr	anizad Cama	rata Officer		
IIIQIV.	idual, Partner or Auth	iorized Corpo	rate Officer		
DATE:	TELEPHONE NUM	IDED.	EMPI OYER	IDENTIFICAT	ION NUMBER:
	TELEFTIONE NOW	IDEK.	(Note: NOT Ind		
We the undersigned, attes Acts of 2004, signed by the named license and (2) the of 2010.	e building inspector	and the head	of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NUMBER: 070000011	•	CITY OR TOWN MIDDLEBOROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: WANKINQUOAH RODOING BUSINESS A ADDRESS 110 PINE STREET		
CITY/TOWN: MIDDLEBOROUGH	STATE: MA	ZIP CODE: 02346
MANAGER: FEMINO, EUGENE TYPE	OF LICENSE: Club	CATEGORY: All Alcoho
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSI		AIL ADDRESS
DESCRIPTION OF LICENSED PREMISES 90'X42' CLUBHOUSE OWNED AND OPE THAT INCLUDES KITCHEN, DINING RO	RATED BY WAN	
I hereby certify and swear under penalties of	perjury that:	
1. the renewed license will be of the	same type for the s	same premises now licensed;
2. the licensee has complied with all3. the premises are now open for bu		•
SIGNED BY Individual, Partner or	Authorized Corpor	rate Officer
DATE: TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ctor and the head	of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:



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LICENSE NUMBER: 070000016	CITY OR TOWN MIDDLEBOROUGH
APPLICATION FOR RENEWAL: Annua	al LICENSED FOR 2013
CLAS	SS YEAR
LICENSEE NAME: MITCHELL MEMORIAL CLUB DOING BUSINESS A ADDRESS 29 Elm St	, INC.
CITY/TOWN: MIDDLEBOROUGH STATE:	MA ZIP CODE: 02346
MANAGER: ANDREWS, TYPE OF LICENS RICHARD	SE:Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
DESCRIPTION OF LICENSED PREMISES: TWO STORY BLDG,ONE ROOM UPSTAIRS FOR B. I hereby certify and swear under penalties of perjury that 1. the renewed license will be of the same type for the licensee has complied with all laws of the same type for the premises are now open for business (If no same type for the premises are now open for business (If no same type for the premises are now open for business (If no same type for the premises are now open for business).	AR AND CELLAR FOR BAR :: for the same premises now licensed; Commonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and th named license and (2) the certificate of liquor liabilit of 2010.	e head of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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LICENSE NUMB	ER: 070000018		CITY OR TOWN	MIDDLEBOROUGH
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: LORENZO'S ITALI	AN RESTAURA	ANT	
DOING BUSINES	SS A			
ADDRESS 500 W	EST GROVE ST.			
CITY/TOWN: M	IIDDLEBOROUGH	STATE: M	ZIP CODE:	02346
MANAGER: M	AFFEO, ANGELATYPE	E OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	JR EMAIL ADDRESS	
	OF LICENSED PREMISE			
	EX. DINING ROOM 25 SERVICE BAR 16X26, A			
I hereby certify an	d swear under penalties of	of perjury that:		
1. the ren	ewed license will be of th	ne same type for	the same premises now	licensed;
	ensee has complied with a		_	o taxes; and
3. the pre	mises are now open for b	usiness (If not e	xplain below)	
SIGNED BY	Individual, Partner o	or Authorized Co	orporate Officer	
	,			
DATE:	TELEPHONE	MIIMDED.	EMPLOYER	R IDENTIFICATION NUMBER:
	TELEFTIONE	NUMBER.		lividual Social Security Number)
*** 41	1 44 45 4	• /*		11 (1 4 204 64
	ned, attest that we are in ned by the building insp			ed by Chapter 304 of the ment for the above
named license ar				Chapter 116 of the Acts
of 2010.				
Please Check Below:	_		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	piaiii)			
D				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070000022	CITY OR TOWN MIDDLEBOROUGH
APPLICATION FOR RENEWAL: An	nual LICENSED FOR 2013
CL	ASS YEAR
LICENSEE NAME: GOLA GOLA,INC.	
DOING BUSINESS A JAMIE'S FINE WINE & SPI	RITS II
ADDRESS 10 Merchants Way	
CITY/TOWN: MIDDLEBOROUGH STATE	: MA ZIP CODE: 02346
MANAGER: PANGIONE,GINA TYPE OF LICE M.	NSE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
3,250 sq. ft.,two entrances in front & exit in bak,with	
I hereby certify and swear under penalties of perjury t	
1. the renewed license will be of the same typ	
2. the licensee has complied with all laws of3. the premises are now open for business (If	_
3. the premises are now open for business (if	not explain below)
SIGNED BY	
Individual, Partner or Authoriz	ed Corporate Officer
DATE: TELEPHONE NUMBER	EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	·
(If disapproved explain)	
DATE.	
DATE:	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07	0000023		CITY OR TOWN	MIDDLED	OROUGH
APPLICATION FOR RI	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: SA DOING BUSINESS A	AVAS LIQUORS, I	NC.			
ADDRESS 167 CENTE	R STREET				
CITY/TOWN: MIDDL	EBOROUGH	STATE: MA	ZIP CODE:	02346	
MANAGER: SAVAS,	IRAKLI TYPE	OF LICENSE: Pa	ckage Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMISE	S:			
2 STREET FLOOR STO AND ADDITIONAL RO				K ROOM STO	ORAGE
3. the premises a	as complied with al are now open for bu	ssiness (If not expl	ain below)	to taxes; and	
DATE:	TELEPHONE :	NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	70000027		CITY OR TOWN	MIDDLEB	OROUGH
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: K DOING BUSINESS A		ORS			
ADDRESS 3 EAST GR	ROVE STREET				
CITY/TOWN: MIDDI	LEBOROUGH S	STATE: MA	ZIP CODE:	02346	
MANAGER: PATEL	, ARVIND K.TYPE O	F LICENSE: Pac	ekage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	ASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LIC		6 . 20 0 105		. 11 1	1 . 1
southerly most store at s frame,brick exterior with					and steel
I hereby certify and swe	_				
1. the renewed	license will be of the sa	ame type for the	same premises now	licensed;	
2. the licensee l	has complied with all la	aws of the Comm	nonwealth relating to	taxes; and	
3. the premises	are now open for busin	ness (If not expla	ain below)		
SIGNED BY	11 1 1 D	.1 . 10	OSS		
I	ndividual, Partner or A	uthorized Corpo	orate Officer		
DATE:	TELEDITONE M	TANED.	EMDI OVED	IDENTIFICAT	TION NUMBER:
51112.	TELEPHONE NU	JMBER:	(Note: NOT Ind		
Please Check Below:			LOCAL LICENS	ING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain))				
· · · · · · · · · · · · · · · · · · ·					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 070000028		CITY OR TOWN	MIDDLED	OKOUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSI	AME: B&B VILLAG NESS A VILLAGE M. 8 WAREHAM STREE				
			ZID CODE.	02246	
	MIDDLEBOROUGH		ZIP CODE:	02346	
MANAGER:	MOORBY, CHRISTOPHER	ΓΥΡΕ OF LICENSE: Pε	ckage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTIO	N OF LICENSED PRE	MISES:			
STORE, MAL	T STORE, WALK IN O	CHEST, 2 CELLARS F	OR STORAGE		
2. the	licensee has complied v	of the same type for the with all laws of the Com- for business (If not exp	monwealth relating t		
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	ONE NUMBER:			CION NUMBER: decurity Number)
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	70000029		CITY OR TOWN	MIDDLEB	OROUGH
APPLICATION FOR R	RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: \	IR LIQUORS,INC				
DOING BUSINESS A	KURT'S CORNER				
ADDRESS 353 WARE	HAM STREET				
CITY/TOWN: MIDD	LEBOROUGH	STATE: MA	ZIP CODE:	02346	
MANAGER: PATEL V.	,DARSHAK TYPE C	F LICENSE: P	ackage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	CASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISES:				
STUCCO BLDG CONS AND ONE ROOM PLU OVERHEVIR LIQUOR	JS NEW ADDITION				
I hereby certify and swe	ear under penalties of p	erjury that:			
1. the renewed	license will be of the	same type for th	e same premises now	licensed;	
2. the licensee	has complied with all	laws of the Con	nmonwealth relating t	o taxes; and	
3. the premises	are now open for busing	ness (If not exp	olain below)		
SIGNED BY					
I	ndividual, Partner or A	Authorized Corp	oorate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	INC AUTH	ODITV
APPROVED:			By:	omo Au i in	JKII I
DISAPPROVED:			Dy.		
(If disapproved explain))				
D. 1.000					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 070000030		CITY OR TOWN	MIDDLEBO	OROUGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: GURUKRUPA I, LL	C			
DOING BUSINESS A MIDDLEBORO DI	SCOUNT LIQUO	ORS		
ADDRESS 422 WEST GROVE ST.				
CITY/TOWN: MIDDLEBOROUGH	STATE: MA	ZIP CODE:	02346	
MANAGER: PATEL, TYPE NARENDRA H.	OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE	S:			
ONE 4500 SQ. FT. CEMENT BLOCK AND FOR STORAGE AND ONE FOR RETAIL.		OG., CONSISTING (OF 2 ROOMS	S, ONE
2. the licensee has complied with al3. the premises are now open for bu		_	taxes; and	
SIGNED BY Individual, Partner or	Authorized Corp	orate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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LICENSE NUMBER	t: 070000035		CITY OR TOWN	MIDDLEB	OROUGH
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
LICENSEE NAME: DOING BUSINESS	H.T.F.,INC. A Harry's Bar & Grillo	CLASS			YEAR
	ST GROVE STREET				
CITY/TOWN: MID	DLEBOROUGH	STATE: MA	ZIP CODE:	02346	
MANAGER: FISH	ER, DINA E. TYPE	OF LICENSE: R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ĺ	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
38'10"X32'4" WOOI SEATING FOR 40, 1	LICENSED PREMISE O FRAME BLDG., RE KITCHEN, 2 RESTRM ON SIDE OF BLDG.	STAURANT AR			AR WITH
 the renew the license 	wear under penalties of the ed license will be of the ee has complied with a sees are now open for but	e same type for th ll laws of the Com	nmonwealth relating t		
SIGNED BY	Individual, Partner of	r Authorized Corp	porate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in d by the building insp (2) the certificate of li	ector and the hea	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	uin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER	(:0/0000039		CITY OR TOWN	MIDDLEBURUUGH
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BUDDY'S PIZZA	A PUB, INC		
DOING BUSINESS	A BUDDY'S PIZZ	Z PUB		
ADDRESS 547 W. C	GROVE STREET			
CITY/TOWN: MID	DLEBOROUGH	STATE: MA	ZIP CODE:	02346
	ISTOPHER TY	YPE OF LICENSE:Res	staurant C	CATEGORY: All Alcoho
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF				
34'X65'., APPROX. ENTRANCES AT F		H NO MORE THAN 4	0 SEATS, 2 HAN	DICAP RESTROOMS.
	ses are now open fo	th all laws of the Comnor business (If not explanation or Authorized Corporation)	nin below)	to taxes; and
DATE				
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATION NUMBE dividual Social Security Number
Acts of 2004, signed	d by the building i	nspector and the head	l of the fire depar rance required by	red by Chapter 304 of the timent for the above Chapter 116 of the Act
APPROVED: DISAPPROVED: [(If disapproved explain	uin)		By:	
DATE:				



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LICENSE NUMBER: 0/0000041	_	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CHRISTOPHER BU	ILDING ASSOCIAT	TION
DOING BUSINESS A		
ADDRESS 262 W. GROVE STREET		
CITY/TOWN: MIDDLEBOROUGH	STATE: MA	ZIP CODE: 02346
MANAGER: BRADY, ROBERT TYPE E.	E OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAI	IL ADDRESS
DESCRIPTION OF LICENSED PREMISE	ES:	
60'X 90' CEMENT BLOCK BUILDING 5	EXITS, LADIES AN	D MENS RESTROOMS.
I hereby certify and swear under penalties o	f perjury that:	
1. the renewed license will be of the	• •	•
2. the licensee has complied with a		· ·
3. the premises are now open for bu	usiness (If not explain	below)
SIGNED BY Individual, Partner o	r Authorized Corpora	te Officer
	r Authorized Corpora	te Officer
	·	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Individual, Partner o DATE: TELEPHONE	NUMBER: n possession (1) the cector and the head o	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) rertificate required by Chapter 304 of the fire department for the above
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below:	NUMBER: n possession (1) the cector and the head of quor liability insura	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) rertificate required by Chapter 304 of the fire department for the above
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	NUMBER: n possession (1) the cector and the head of quor liability insura	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	NUMBER: n possession (1) the cector and the head of quor liability insura	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Pertificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspinamed license and (2) the certificate of li of 2010. Please Check Below: APPROVED:	NUMBER: n possession (1) the cector and the head of quor liability insura	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Pertificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	NUMBER: n possession (1) the cector and the head of quor liability insura	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Pertificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010. Please Check Below: APPROVED: DISAPPROVED:	NUMBER: n possession (1) the cector and the head of quor liability insura	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) Pertificate required by Chapter 304 of the fire department for the above nce required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: (070000045		CITY OR TOWN	MIDDLEB	OROUGH
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: (CAPEWAY CONVE	NIENCE STOR	E, INC		
DOING BUSINESS A					
ADDRESS 578 WARE	EHAM ST				
CITY/TOWN: MIDD	LEBOROUGH	STATE: MA	ZIP CODE:	02346	
MANAGER: COLET	TI, PETER ATYPE	OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF LI					
APPROX 3250 SQ FT END OF BLDG, ON F LEFT SIDE OF BLDG	RONT SIDE AND I				
2. the licensee		l laws of the Co	he same premises now mmonwealth relating to plain below)		
SIGNED BY	Individual, Partner or	· Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	070000048		CITY OR TOWN	MIDDLEB	OROUGH
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 414 WES	Α	CE STORE, INC			
CITY/TOWN: MIDI		STATE: MA	ZIP CODE:	02346	
MANAGER: SAYA				CATEGORY:	Wine and
MANAGER. SATA	ui, josefii Tife	OF LICENSE.F	ackage Store	CATEGORI.	Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	S:			
RETAIL BUILDING AND WEST GROVE				CING TAUN	TON ST
	e has complied with all es are now open for bu	isiness (If not ex	plain below)	to taxes; and	
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 0/0000049	'	CITY OR TOWN MIDDLEBOROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ROLE ENTE	ERPRISES, INC	
DOING BUSINESS A THE CENT	ΓRAL CAFE	
ADDRESS 254 CENTER ST		
CITY/TOWN: MIDDLEBOROU	GH STATE: MA	ZIP CODE: 02346
MANAGER: PARSONS, MICHAEL E.	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PI		
FIRST FLOOR, 2 ROOMS, WOOI AND EXIT AT STREET, SIDE RI		GE IN CELLAR, MAIN ENTRANCE
3. the premises are now op	en for business (If not explainment for business) Partner or Authorized Corpor	
DATE: TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the build	ing inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUI	MBER: 070000050		CITY OR TOWN	MIDDLEBO	OROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NA	AME: CAPE DONUT	'S PLUS, INC.			
DOING BUSIN	NESS A APAZIDIS FA	AMILY RESTAURAN	Γ		
ADDRESS 194	4 EAST GROVE STRE	EET			
CITY/TOWN:	MIDDLEBOROUGH	STATE: MA	ZIP CODE:	02346	
MANAGER:	APAZIDIS, IOANNIS	ΓΥΡΕ OF LICENSE: Re	estaurant CA	TEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PRE	MISES:			
		NG ON A 29,000 SQ. I REAR DOORS AND U			SQ. FT.
I hereby certify	and swear under penal	ties of perjury that:			
1. the	renewed license will be	of the same type for the	e same premises now	licensed;	
2. the 1	licensee has complied v	with all laws of the Com	monwealth relating to	taxes; and	
3. the 1	premises are now open	for business (If not exp	lain below)		
SIGNED BY					
	Individual, Part	tner or Authorized Corp	orate Officer		
DATE					
DATE:	TELEPH	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
			(Note: NOT Illul	viduai Sociai Se	curity Number)
Acts of 2004,	signed by the building	are in possession (1) the inspector and the heate of liquor liability inst	d of the fire departn	nent for the	above
Please Check Belo	w:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	ехріаш)				 ,
DATE:					



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APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: DAVE'S DINER INC. DOING BUSINESS A DAVE'S DINER ADDRESS 390 WEST GROVE STREET CITY/TOWN: MIDDLEBOROUGH STATE: MA ZIP CODE: 02346 MANAGER: SPINETTO, JOHN TYPE OF LICENSE: Restaurant CATEGORY: All Alcohope. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEISTIF AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 120 SEAT 50'S THEME DINER! STORY WITH FULL BASEMENT. Thereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: UIG disapproved explain)	LICENSE NUMBER: 070000054		CITY OR TOWN	MIDDLEBOROUGH
LICENSEE NAME: DAVE'S DINER NO. DOING BUSINESS A DAVE'S DINER ADDRESS 390 WEST GROVE STREET CITY/TOWN: MIDDLEBOROUGH STATE: MA ZIP CODE: 02346 MANAGER: SPINETTO, JOHN TYPE OF LICENSE: Restaurant CATEGORY: All Alcohore. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEISTLE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 120 SEAT 50'S THEME DINER! STORY WITH FULL BASEMENT. 1 thereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By:	APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
DOING BUSINESS A DAVE'S DINER ADDRESS 390 WEST GROVE STREET CITY/TOWN: MIDDLEBOROUGH STATE: MA ZIP CODE: 02346 MANAGER: SPINETTO, JOHN TYPE OF LICENSE:Restaurant P. EMAIL ADDRESS: MEASE ALSO VISIT OUR WEBSTIE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 120 SEAT 50'S THEME DINER! STORY WITH FULL BASEMENT. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: ADSAPROVED:		CLASS		YEAR
ADDRESS 390 WEST GROVE STREET CITY/TOWN: MIDDLEBOROUGH STATE: MA ZIP CODE: 02346 MANAGER: SPINETTO, JOHN TYPE OF LICENSE: Restaurant P. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSTIE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 120 SEAT 50'S THEME DINER! STORY WITH FULL BASEMENT. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note: NOT Individu	LICENSEE NAME: DAVE'S DIN	JER INC.		
CITY/TOWN: MIDDLEBOROUGH STATE: MA ZIP CODE: 02346 MANAGER: SPINETTO, JOHN TYPE OF LICENSE: Restaurant CATEGORY: All Alcoho P. EMAIL ADDRESS: PILASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 120 SEAT 50'S THEME DINER! STORY WITH FULL BASEMENT. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number (Note: NOT Individual Social S	DOING BUSINESS A DAVE'S DI	INER		
MANAGER: SPINETTO, JOHN TYPE OF LICENSE: Restaurant P. EMAIL ADDRESS: PILASE ALSO VISIT OUR WEBSTIE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 120 SEAT 50'S THEME DINER! STORY WITH FULL BASEMENT. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number (Note: NO	ADDRESS 390 WEST GROVE ST	REET		
P. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	CITY/TOWN: MIDDLEBOROUG	GH STATE: M	A ZIP CODE:	02346
DESCRIPTION OF LICENSED PREMISES: 120 SEAT 50'S THEME DINER! STORY WITH FULL BASEMENT. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: (If disapproved explain)		TYPE OF LICENSE:	Restaurant CAT	EGORY: All Alcohol
DESCRIPTION OF LICENSED PREMISES: 120 SEAT 50'S THEME DINERI STORY WITH FULL BASEMENT. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number (Note:	EMAIL ADDRESS:			
120 SEAT 50'S THEME DINERI STORY WITH FULL BASEMENT. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number New York of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: DISAPPROVED: UIT OF APPROVED: UIT O	DESCRIPTION OF LICENSED PR	REMISES:		
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED: (If disapproved explain)	120 SEAT 50'S THEME DINER1 S	STORY WITH FULL B	ASEMENT.	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Numbe (Note: NOT Individual Social Security Numbe) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: DISAPPROVED: UISAPPROVED: (If disapproved explain)	I hereby certify and swear under per	nalties of perjury that:		
3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UISAPPROVED: UISAPPROVED	1. the renewed license will	be of the same type for	the same premises now lic	censed;
SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	2. the licensee has complied	d with all laws of the Co	mmonwealth relating to t	axes; and
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	3. the premises are now ope	en for business (If not ex	kplain below)	
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: U(If disapproved explain)		artner or Authorized Co	rporate Officer	
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) LOCAL LICENSING AUTHORITY By:	DATE: TELEF	PHONE NUMBER:		
APPROVED: By: DISAPPROVED: (If disapproved explain)	Acts of 2004, signed by the buildi named license and (2) the certific	ing inspector and the h	ead of the fire departme	nt for the above
DISAPPROVED:	Please Check Below:		LOCAL LICENSIN	IG AUTHORITY
(If disapproved explain)	<u> </u>		By:	
	<u> </u>			
DATE:	(If disapproved explain)		-	
DATE:				
	DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)		ED DV I ICENGEEG DUBBIC TV	E MONTH OF NOVEMBER 34 3	I. Cl. 120 ¢ 16A)



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LICENSE NUMBER: 0	70000056		CITY OR TO	WN MIDDLE	BOROUGH
APPLICATION FOR R	ENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: T	HE CABIN, INC				
DOING BUSINESS A	THE CABIN				
ADDRESS 114 EAST (GROVE ST				
CITY/TOWN: MIDDI	LEBOROUGH	STATE: MA	ZIP CODI	E: 02346	
MANAGER: REIME	LS, TODD TYP	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC					
SINGLE LEVEL BLDO SEATS APPROX 75 PI				NTRANCES AN	ID EXITS.
I hereby certify and swe	-			1' 1	
		the same type for the all laws of the Com	•		
	•	business (If not expl		ing to taxes; and	
3. the premises	are now open for	business (II not expi	iam ociow)		
SIGNED BY					
	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICA	
			(Note: NO	T Individual Social	Security Number)
We the undersigned, a	ittest that we are	in possession (1) th	ne certificate re	quired by Chap	ter 304 of the
Acts of 2004, signed by		-		-	
named license and (2) of 2010.	the certificate of	liquor hability inst	irance required	1 by Chapter 11	6 of the Acts
Please Check Below:			LOCALLIC	ENSING AUTH	ODITV
APPROVED:			By:	ENSING AUTH	OKII I
DISAPPROVED:			By.		
(If disapproved explain)	1				
DATE:					



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	CITY OR TOWN MIDDLEBOROUGH
Annual	LICENSED FOR 2013
CLASS	YEAR
AURANT	
TATE: MA	ZIP CODE: 02346
LICENSE: Res	staurant CATEGORY: All Alcohol
ND ENTER YOUR EN	MAIL ADDRESS
T IN FRONT,	TWO EXITS IN REAR OF BUILDING
• 1	
ADED.	EMPLOYER IDENTIFICATION NUMBER:
VIDEK:	(Note: NOT Individual Social Security Number)
r and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	CLASS AURANT CATE: MA LICENSE: Res ND ENTER YOUR EN T IN FRONT, jury that: ne type for the evs of the Commerce (If not explain) thorized Corporation (I) they and the head



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LICENSE NUI	MBER: 070000062		CITY OR TOWN	MIDDLEB	OROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NA	AME: LANDS END ENTE	ERPRISES INC.			
DOING BUSIN	NESS A FARRARS FLAT	IRON CAFE			
ADDRESS 444	4 CENTRE STREET				
CITY/TOWN:	MIDDLEBOROUGH	STATE: MA	ZIP CODE:	02346	
MANAGER:	LOCKE, TYPI DEBORAH A.	E OF LICENSE: R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR	EMAIL ADDRESS		_
	N OF LICENSED PREMISI				
	RY BRICK & WOOD, TOT LL & BUSINESS IN NEIGH 5 PEOPLE				NG
I hereby certify	and swear under penalties	of perjury that:			
1. the	renewed license will be of the	ne same type for th	e same premises now	licensed;	
	licensee has complied with a		_	taxes; and	
3. the	premises are now open for b	ousiness (If not exp	lain below)		
CICNED DV					
SIGNED BY	Individual, Partner of	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004,	rsigned, attest that we are i signed by the building insp e and (2) the certificate of l	pector and the hea	ad of the fire departi	nent for the	above
Please Check Belo			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	CAPIGIII)				
DATE:					



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LICENSE NUMBER	R: 070000063		CITY OR TOW	N MIDDLEB	OROUGH	
APPLICATION FOR	R RENEWAL:	LICI	LICENSED FOR 2013			
		CLASS			YEAR	
	Center Avenue, LLO A CENTER AVE CA					
ADDRESS 160 CEN	TER AVE.					
CITY/TOWN: MID	DLEBOROUGH	STATE: MA	ZIP CODE:	02346		
MANAGER: LEM A.	MO, SHAWN TYP	E OF LICENSE: Res	taurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE		IAIL ADDRESS		_	
	LICENSED PREMIS					
BRICK BLDG; 2 RC	OOMS, GROUND FL	OOR; CELLAR FOR	R STORAGE			
	ee has complied with ses are now open for Individual, Partner		in below)	g to taxes; and		
DATE:			EMBLOS	ZED IDENTIFICAT	EION NHIMBED	
DATE.	TELEPHONI	E NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	pector and the head	certificate requ of the fire depa	nired by Chapt ortment for the	er 304 of the above	
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: Lagrangian (If disapproved explain)	 nin)					
	,					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	070000065		CITY OR TOWN MIDDLE	OKOUGH	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS	YEAR		
LICENSEE NAME:	Stoney's Restaurant, In	ıc			
DOING BUSINESS A	Stoney's Pub				
ADDRESS 456 West	Grove St				
CITY/TOWN: MIDI	OLEBOROUGH	STATE: MA	ZIP CODE: 02346		
MANAGER: Urolat M.	is, Catherine TYPE (OF LICENSE: Rest	taurant CATEGORY:	All Alcohol	
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSI		AIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	:			
*			at rear of bldg.572 SQ. FT. AI TED AT REAR ENT OF 454 G		
I hereby certify and sw	vear under penalties of	perjury that:			
1. the renewed	d license will be of the	same type for the	same premises now licensed;		
2. the licensee	e has complied with all	laws of the Comm	onwealth relating to taxes; and		
3. the premise	es are now open for bus	iness (If not expla	in below)		
SIGNED BY					
	Individual, Partner or	Authorized Corpor	rate Officer		
DATE:	TELEPHONE N	EMPLOYER IDENTIFICA	TION NUMBER:		
	TEEL HOLLE IVOINEEL		(Note: NOT Individual Social Security Number)		
Acts of 2004, signed	by the building inspec	ctor and the head	certificate required by Chap of the fire department for the rance required by Chapter 11	e above	
Please Check Below:			LOCAL LICENSING AUTH	IORITY	
APPROVED:			Ву:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					
			·		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0/0	000067		CITY OR TOWN	MIDDLED	OROUGH
APPLICATION FOR REI	NEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: NE DOING BUSINESS A ADDRESS 447 WAREHA		FARMS,INC			
CITY/TOWN: MIDDLE	BOROUGH	STATE: MA	ZIP CODE:	02346	
MANAGER: PRATT,T	HOMAS TY	PE OF LICENSE: Pa	ckage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICE 4353 SQ. FT. CONVENIE		SES:			
2. the licensee has 3. the premises ar SIGNED BY	s complied with e now open for	the same type for the all laws of the Combusiness (If not exp	monwealth relating lain below)		
ma	ividuai, raitiici	of Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	7/0000068		CHY	OK TOWN	MIDDLED	OKOUGH
APPLICATION FOR I	RENEWAL:	Annual LICENSED FOR 2013				013
		CLASS				YEAR
LICENSEE NAME:	THOMASTOWNE L	LC				
DOING BUSINESS A	THE RIVERSIDE					
ADDRESS 58 E. GRO	VE STREET					
CITY/TOWN: MIDD	LEBOROUGH	STATE: MA	ZI	P CODE:	02346	
MANAGER: FISHE	R, GID A. TYPE	OF LICENSE: Re	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR E	MAIL ADDI	RESS		_
DESCRIPTION OF LI	CENSED PREMISES	S:				
FULL SERVICE REST BANQUET ROOM, O			ONE I	DINING RC	OOM, ONE	
I hereby certify and swe	ear under penalties of	perjury that:				
1. the renewed	license will be of the	same type for the	same p	remises now	licensed;	
	has complied with all			•	to taxes; and	
3. the premises	s are now open for bu	siness (If not expl	ain belo	w)		
CICNED DV						
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Of	ficer		
DATE:	TELEPHONE 1	NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
	1221121		(Note: NOT Individual Social Security Number)			
We the undersigned, Acts of 2004, signed by named license and (2) of 2010.	y the building inspe	ector and the head	d of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	.)					
			-			
DATE:						
2						



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LICENSE NUMBER	R: 070000069		CITY OR TOW	N MIDDLEB	OROUGH
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
	LITTLE JOHN RES A SHOOTERS STEA REHAM ST				
CITY/TOWN: MII		STATE: MA	ZIP CODE:	02346	
		E OF LICENSE: R		CATEGORY:	All Alcohol
EMAIL ADDRESS:	,				
DESCRIPTION OF 360 WAREHAM ST	LICENSED PREMISI	ES:			
 the renew the licens 	swear under penalties of yed license will be of the see has complied with a ises are now open for b	ne same type for thall laws of the Cor	nmonwealth relating		
SIGNED BY	Individual, Partner of	or Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are i d by the building insp (2) the certificate of l	ector and the he	ad of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICE. By:	NSING AUTH	ORITY
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	ENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)